

Title: Clinician-Trainer Collaboration to Educate Healthcare Providers about Prevention of Perinatal HIV Transmission

Organization: National Pediatric & Family HIV Resource Center

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Topical Issues of Focus: Provider training; Successful collaboration between programs to prevent perinatal HIV

Background/Objectives

Despite dramatic decreases in perinatal HIV transmission in the United States since zidovudine prophylaxis for pregnant women and newborns became the standard of care in 1994, universal HIV testing of pregnant women has not been achieved. One contributing factor is healthcare providers' lack of knowledge about HIV counseling and testing of pregnant women, and about interventions that can reduce perinatal HIV transmission. The National Pediatric & Family HIV Resource Center (NPHRC) developed a faculty training or train-the-trainer model using a comprehensive curriculum and supporting materials to address these issues. The objectives of the project were: 1) to increase providers' knowledge about HIV counseling and testing during pregnancy, and about interventions to reduce perinatal HIV transmission and 2) to strengthen local capacity to provide ongoing education to healthcare providers about these topics.

Methods

- NPHRC partnered with the AIDS Education and Training Centers (AETC) in Mississippi and three other regions to implement this approach. NPHRC developed a comprehensive curriculum/slide set with extensive speaker notes based on the US Public Health Service Perinatal HIV Guidelines that used both didactic and interactive learning strategies and provided reference materials, case studies for discussion, clinician support materials, and patient education brochures. In Mississippi, Delta AETC (DAETC) at the University of Mississippi Medical Center brought together a steering committee that included multiple disciplines. Local HIV experts, obstetricians, community health center representatives, state health department staff, and community-based organizations advised NPHRC and DAETC on implementation of the project. The steering committee recommended individuals and locations for the faculty training workshops.
- NPHRC organized five half-day Faculty Training Workshops (FTW) in four locations throughout the state. Seventy providers including physicians, nurses, nurse practitioner/midwives, social workers, and dieticians completed the training. Facilitators at the FTW included NPHRC staff and local HIV and obstetric experts. Content included HIV counseling and testing in prenatal care, medical management of HIV in pregnancy, interventions to reduce perinatal transmission,

and controversies in perinatal HIV care. Workshop facilitators modeled and discussed strategies that could be used for educating providers. Twenty providers signed agreements to be Faculty Trainers. Of those, 12 presented the curriculum at least once.

- DAETC agreed to work closely with Faculty Trainers assisting them with arranging seminars, providing them with packets of materials for trainees, and offering continuing education credits. NPHRC provided each Faculty Trainer with a curriculum in both printed and electronic format, clinician support materials, and patient education materials. One or more of the HIV specialists at the medical center participated in 63% of the seminars, providing clinical expertise and often partnering with community providers.
- Training was evaluated using an anonymous survey of perceived knowledge before and after the FTW. Six-month follow-up surveys were conducted by mail to assess current practice around perinatal HIV care, perceptions of the information gained from the training, and use of the training curriculum. Six-month post-training surveys also collected qualitative data on how the training had influenced their practice with pregnant women and women with HIV infection. The university institutional review board approved the project.

Results

- FTW participants (n=70) rated their knowledge in nine content areas using a 5-point Likert scale ranging from 1 (low) to 5 (high). Perceived knowledge ratings increased significantly ($p<0.001$) in all areas from pre- to post- training.
- Faculty Trainers, often as multidisciplinary teams, used the curriculum to present 24 seminars that reached 420 providers across the state between October 2000 and October 2002; 244 participants completed the training evaluation. These trainees also reported statistically significant increases in knowledge from pre- to post-seminar.
- In six-month follow-up surveys of FTW participants (N=21), they reported that they were more knowledgeable when discussing HIV testing with pregnant women, more likely to discuss HIV testing with a pregnant woman, had a better understanding of the PHS perinatal guidelines, had a better understanding of psychosocial issues, and were more familiar with HIV resources in their state. When asked how they would rate the impact of the training on how they provide services to pregnant women with or at risk for HIV, 87.5% reported a positive or very positive effect. Providers noted changes in their clinical practice including more extensive HIV counseling, expanded HIV testing, improved confidence in their role, enhanced knowledge of antiretroviral treatment, and greater willingness to consult with or educate colleagues. HIV specialists at the referral hospital also report that they are receiving referrals earlier and are consulting on more cases in part because of their increased visibility in the role as trainers.

Conclusions

This project demonstrates that a Faculty Trainer model is an effective way to increase providers' knowledge of HIV counseling and testing in pregnancy and interventions to reduce perinatal HIV transmission. The training reached large numbers of providers across the state. The model not only builds on the expertise of practicing clinicians, but also increased their visibility among colleagues, thus strengthening the network of providers caring for women with and at risk for HIV. The Delta AETC played a crucial role in supporting the Faculty Trainers, who were all busy clinicians, by coordinating the training seminars and providing logistical support when needed. The standardized and user-friendly training materials developed by NPHRC helped assure a consistent message across trainings and shortened preparation time for clinicians giving seminars. This model, when undertaken by committed clinicians and supportive educators, can be sustained long-term and insure that prevention of perinatal transmission continues to be an important component of healthcare provider education.